

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41469

State File No.

FILED NOV 27 1957

BIRTH NO.		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5945</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Billon</u> c. LENGTH OF STAY (in this place) <u>years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Star Route.. Near Union School</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> c. CITY OR TOWN <u>St. James</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>ASBURY</u> c. (Last) <u>SHOCKLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1957</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 24, 1906</u> 9. AGE (In years last birthday) <u>50</u> 10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Maries County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Manuel H. Shockley</u>		13b. MOTHER'S MAIDEN NAME <u>Ann.....????</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Shockley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give year or dates of service) <u>XX</u>	
16. SOCIAL SECURITY NO. <u>499-03-7408</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Shockley, Star Rt.</u>		18. ADDRESS <u>St. James Mo.,</u>		19. MEDICAL CERTIFICATION I, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe Cardiac Condition</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>0</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>about</u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased <u>alive on Nov 21</u> , 1957, and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>Ruth B. Powell</u> (Degree or title) <u>Registrar</u>	
23b. ADDRESS <u>St. James, Mo</u>		23c. DATE SIGNED <u>11-21-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 23</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Rolla, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Null & Sons Funeral Home</u> ADDRESS <u>Rolla, Mo.,</u>		DATE REC'D BY LOCAL REG. <u>Nov 21, 1957</u>	
REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Phelps County Health Officer,

County File Number

877

Date Filed

11/26/57

MAR 26 1958

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1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Paul E. New

Licensed Embalmer No. 4498

P. O. Address Rolla,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.